

Employer Medicaid Provider

Identification #:

Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800 Austin, Texas 78701-3942

(512) 463-6400 / Fax: (512) 649-1658

2x2 Passport Photo Required

PLACE HERE

Dental Licensure Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Fees are Non-Refundable. Select the application type and submit the appropriate fees (√ Check One). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Ste 3-800 Austin, TX 78701. A 2x2 passport sized photo is required.

□ Licensure b	-				-	redentials: \$2,9 ncelled License		Foreign	Graduate	e Licens	ure: \$360	
Military Active Duty, Veteran, & Spouse: NO FEE and are required to select a method of licensure from above:												
☐ Active Duty**	· 🗆	Veteran**	□ Active	Duty Spo	use**	□ Military Lim	ited Volunte	er** 🗆 N	Military S	pouse A	uthorization**	
** Include a copy	of one	e of the follow	ing: Copy o	f Military O	rders, I.	D. Card or proof o	of Honorable o	r Genera	l Discharg	је		
Social Security #*:						Date of Birth:						
Legal Last Name	e:	Leg			Legal	First Name		Middle				
Current Address:						City:		State:	Z	lip		
Permanent Address:						City:		State:	Z	lip:		
Business Address:						City:		State:	Z	ip:		
Preferred mailin	ig add	ress: (preferred	d address will	be made ava		the public) Current		Perman	ent		□ Business	
Daytime Phone #:						Email Address		Toman	OTIL		_ Bdoilloco	
Type of Practice Check One (✓)	9	□ Facu	lty 🗆 Gov	vernment	□Р	rivate □ Resi	dent □ Reti	red	□ Other			
Designated Practice Area Check One (✓) – proof of success completion is required		☐ General Dentistry ☐ Dental Anesthesiology ☐ Dental Public Health ☐ Endodontics										
	stul	□ Oral and Maxillofacial Surgery □ Orthodontics and Dental Facial Orthopedics										
	□ Pediatric Dentistry □ Periodontics □ Prosthodontics □ Orofacial Pain											
						er of an applicant for or profession that i						
to disclosure under	Chapte	er 552, Governm	ent Code.									
	fit Co	rporation En	nployer: Ap	plies only	y for ap	plicants who ar	e applying fo	or a tem	porary lic	ense.		
Corporation Name:												
Address						City:		State		Zip		
Supervisor Name:							Supervisor Phone #:			ı		

Active Duty Military Spouse Authorization: Applies only for military service member whom the military spouse is married and is stationed at a military installation in Texas.										
Texas Military Installatio	n									
Base Name Address				ity State			Zip Code			
State Licensure/Jurisdictions: List all state(s) and/or jurisdiction in which you have ever been licensed.										
Yes No Have you ever held a license issued by the Texas State Board of Dental Examiners (TSBDE)? If yes, include the type of license and license number: License Type: License Number:										
State: Li	cense Numbe	er	Issue Date	_ Issue Date Discipl			Yes c	Yes or No		
	License Number									
Health Insurance										
Are you a Texas Medicaid Provider?YesNo Are you a participating provider in the Texas Children's Health Insurance Program (CHIP)?YesNo										
Dental Education: All applicants must successfully pass the following exam components: Operative, Endo, Perio, Prosthodontics, and Comprehensive Treatment Planning.										
							T			
School Attended:				Degree Earned:			Graduation Date:			
NBDE Part I Completion Date: NBDE Part I Completion Date:			t II Completion Date: Ju			Jurisprudence Completion Date:				
Regional Clinical Exam Name:	Jurisdiction:		Number of Times Taken:		Date of Examination:			Passed/Failed/Other (if other, please explain)		
Regional Clinical Exam Name:	Jurisdiction:		Number of Times Taken:		Date of Examination:			Passed/Failed/Other (if other, please explain)		
LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information will delay the processing of your application.										
NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).										
1. Have you ever had any application for any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency? NO □										
2. Have you ever had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered? NO □ NO □										

3. Have you ever been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit? If you answer "Yes", you must attach documentation of disciplinary action not previously reported to TSBDE.	YES		NO		
4. For any criminal offense, including those pending appeal, have you ever:					
A. been convicted of a misdemeanor (other than minor traffic violations)? B. been convicted of a felony? C. pled nolo contendere, no contest, or guilty? D. received deferred adjudication? E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? F. been sentenced to serve jail or prison time? court-ordered confinement? G. been granted pre-trial diversion? H. been arrested or have any pending criminal charges? I. been cited or charged with any violation of the law? J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?	YES	0	NO		
If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation.					
5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES		NO		
6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES		NO		
7. Have you ever been diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?	YES		NO		
ATTESTATION In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand a practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Ac Code to submit a false statement to a government agency and I consent to the release of confidenti Board of Dental Examiners and further authorize the Board to use and to release said information a disposition of my application for licensure. Additionally, I attest that I will not practice as a Dentist in the issued a Texas license.	dministr al infori is need	ative Cod mation to led for the	e and the Te evalu	the Penal exas State uation and	
Applicant's Signature Dat	e				
STATE OF COUNTY OF					
Before me, the undersigned authority, on this day personally appeared the applicant whose signature by me sworn upon oath says that all the facts, statements and answers contained in this application at Sworn and subscribed to before me, the said appeared or, 20, to certify which witness my hand and seal of office.	e true a	and correc	ct.		
No No	Notary Signature				

(Seal)

Beginning October 1, 2021 applicants applying for licensure or registration with the Texas State Board of Dental Examiners (TSBDE) must complete a course in human trafficking prevention approved by the executive commissioner of the Texas Health and Human Services Commission and submit proof of completion with their application. This will be <u>in addition</u> to all required documentation that needs to be submitted to the TSBDE. For information on where to find approved courses please visit the following site; https://www.hhs.texas.gov/services/safety/texas-human-trafficking-training.

Licensure by Examination Requirements Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- 1- 2x2 sized passport sized photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification must include hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school. Attach the sealed unopened envelope from your school.
- Proof of successful completion of the National Boards Parts I and II. TSBDE will validate results that have been made available to Texas. You will need to contact the ADA's department of testing services to ensure Texas will have access to your results.
- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board dated within 5
 years from the date of examination. TSBDE will electronically validate score reports that have been made available to Texas from
 WREB, CDCA, and CRDTS.
- Proof of completion of the Jurisprudence for dentists without sedation taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from a state board of dentistry in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable. The verification of licensure must be received in its own original sealed unopened envelope.

Foreign Trained Graduate

Along with all of the above, **Foreign trained graduates must** also include the official transcript of the completion of an ADA approved specialty in a CODA-accredited education program that consists of at least two years. **TSBDE Recognized Specialties include** Endodontics, Periodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Surgery, Oral and Maxillofacial Radiology, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Dental Public Health, Prosthodontics, Oral Medicine, Dental Anthesiology, and Orofacial Pain.

Reinstate a Canceled License Checklist: If you are currently licensed and have been in practice in another state for the two years preceding the date of application, you may obtain a new license without reexamination.

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport sized photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification must include hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school. Attach the sealed unopened envelope from your school.
- Proof of successful completion of the National Boards Parts I and II. TSBDE will validate results that have been made available to Texas. You will need to contact the ADA's department of testing services to ensure Texas will have access to your results.

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- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board. TSBDE will
 electronically validate score reports that have been made available to Texas from WREB, CDCA, and CRDTS.
- Proof of completion of the Jurisprudence for dentists without sedation taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from a state board of dentistry in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable. The verification of licensure must be received in its sealed unopened envelope.

Please note: If you have been in active practice within the last two years preceding the application submission date, you will be required to submit a clinical practice affidavit form. This form cannot be completed by the applicant.

Licensure by Credentials Checklist: - Applicants seeking to apply by Credentials must have practiced dentistry or dental hygiene for a minimum of three (3) of the five (5) years immediately preceding application or as a dental educator for the five (5) years preceding application to Texas.

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport sized photo.
- · Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification must include hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation accredited (CODA) dental school. Attach the sealed unopened envelope from your school.
- Proof of successful completion of the National Boards Parts I and II. TSBDE will validate results that have been made available to Texas. You will need to contact the ADA's department of testing services to ensure Texas will have access to your results.
- Proof of completion of a general dentistry clinical examination administered by another state or regional examining board. TSBDE
 will electronically validate score reports that have been made available to Texas from WREB, CDCA, and CRDTS.
- Certificates of completion of 12 hours of continuing education taken within the preceding 12 months. All hours should be taken in accordance with the requirements for continuing education as mandated by Chapter 104.
- Proof of completion of the Jurisprudence Assessment for dentists without sedation taken within one year immediately prior to application.
- Proof of clinical practice is required. Submit a completed clinical practice affidavit form. This form cannot be completed by the applicant.
- A verification of licensure which includes all disciplinary action, if any, with imprint of state seal issued from a state board of
 dentistry from each state, US territory, or international jurisdiction in which the applicant has ever held a license to practice
 dentistry. A copy of the license alone is not acceptable. The verification of licensure must be received in its original sealed
 envelope.
- American Association of Dental Board (AADB) self-query report. Report results must remain in the original sealed envelope.
 Contact AADB at (312) 440-7464, or at www.dentalboards.org
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp

Temporary Licensure by Credentials

Must meet all requirements of licensure by credentials with the exception, that a license granted under this section is valid only for practice as an employee of the non-profit corporation named on this application.

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Military Limited Volunteer License

Texas Administrative Code Rule § 101.13 states in pertinent part; (a) A dentist with a Military Limited Volunteer License may only practice at a clinic that primarily treats indigent patients and may not receive direct or indirect compensation for services rendered at the clinic.

- (b) A person is eligible for a Military Limited Volunteer License if they:
 - (1) Are licensed in good standing or are retired in good standing in another state.
 - (2) Are or were authorized to treat personnel enlisted in a branch of the United States armed forces or veterans.
- (c) A person is ineligible for a Military Limited Volunteer License if they:
 - (1) Hold a dentist or dental hygienist license in another state that is current under active investigation or has been subject to a disciplinary order or action:
 - (2) Hold a license to prescribe, dispense, administer, supply, or sell a controlled substance that is currently under active investigation or has been subject to a disciplinary order or action;
 - (3) Have been convicted of, is on deferred adjudication community supervision, or deferred disposition for, or is under active investigation for the commission of a felony or a misdemeanor involving moral turpitude.
- (d) Except for the limitations described in subsection (a) of this section, a Military Limited Volunteer License holder has the same privileges and responsibilities of any other licensee and is similarly subject to board rules, including rules regarding standard of care, record keeping, disciplinary actions, license registration and renewal, and continuing education, except that there will not be any fees associated with the issuance or renewal of the license.

Active Duty Military Spouse Authorization – In accordance with §55.0041(a), Texas Occupations Code; This authorization is exempt from licensure and is limited to the duration of the military spouse that is, stationed at a military installation in Texas. As stated in Rule 101.14, this authorization is not to exceed three years.

Submit the completed dental application, proof of residency in Texas, along with verification of licensure from each state, territory, Canadian province, or country.

Upon receipt of the completed application an email will be sent, notifying the applicant of further information required in order to schedule a fingerprint session.

Once the application has been reviewed, an authorization to practice letter will be issued. This authorization is not renewable nor will it be extended.

Fingerprint Session is required for all methods of licensure

Once the Texas State Board of Dental Examiners is in receipt of your application, you will be notified via email of the agency's service code. This code is required in order for you to schedule a fingerprint session with IdentoGo.

2-Step Application and Payment process

Once TSBDE has approved your examination application, a license number will be issued. The status of your license will be expired with a future date. You will receive a letter of approval with instructions for activating your Initial renewal. The approval letter will authorize you to practice for 30 days. Once your initial renewal has been paid, you should receive your new license within 7-10 business days via mail.

Exception: Active duty military, veterans, military service members (reserves), and active duty military spouses are not required to pay to activate their license. The license will be issued and mailed to the applicant after the application has been approved. Your first license may be valid anywhere between 18 months to 30 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.

Anesthesia/Sedation Permits

Applying for an anesthesia/sedation permit requires a separate application process. You may only apply after your Texas dental license has been activated. The information can be found at http://tsbde.texas.gov/licensing/dentists/anesthesia-privileges-and-applications/.

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